

## **Application Data Sheet**

### **Application Information**

|                                  |                        |
|----------------------------------|------------------------|
| Application Type::               | Regular                |
| Subject Matter::                 | Utility                |
| Suggested Group Art Unit::       | N/A                    |
| CD-ROM or CD-R?::                | None                   |
| Sequence submission?::           | None                   |
| Computer Readable Form (CRF)?::  | No                     |
| Title::                          | BONE CONNECTION DEVICE |
| Attorney Docket Number::         | TRAUMA 3.0-454         |
| Request for Early Publication?:: | No                     |
| Request for Non-Publication?::   | No                     |
| Suggested Drawing Figure::       | 1                      |
| Total Drawing Sheets::           | 3                      |
| Small Entity?::                  | No                     |
| Petition included?::             | No                     |
| Secrecy Order in Parent Appl.?:: | No                     |

### **Applicant Information**

|   |                    |
|---|--------------------|
| Applicant Authority Type::              | Inventor           |
| Primary Citizenship Country::           | Germany            |
| Status::                                | Full Capacity      |
| Given Name::                            | Volker             |
| Family Name::                           | Buhren             |
| City of Residence::                     | Murnau             |
| Country of Residence::                  | Germany            |
| Street of mailing address::             | Hagener Strasse 11 |
| City of mailing address::               | Murnau             |
| Country of mailing address::            | Germany            |
| Postal or Zip Code of mailing address:: | D-82418            |

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: Germany  
 Status:: Full Capacity  
 Given Name:: Christian  
 Family Name:: Lutz  
 City of Residence:: Solothurn  
 Country of Residence:: Switzerland  
 Street of mailing address:: Knooper Weg 26  
 City of mailing address:: Kiel  
 Country of mailing address:: Germany  
 Postal or Zip Code of mailing address:: D-24103

### Correspondence Information

Correspondence Customer Number:: 000530

### Representative Information

Representative Customer Number:: 000530

### Foreign Priority Information

| Country::   | Application number:: | FilingDate:: | Priority Claimed:: |
|-------------|----------------------|--------------|--------------------|
| Switzerland | 0481/03              | 03/20/03     | Yes                |

### Assignee Information

Assignee name:: Stryker Trauma S.A.  
 Street of mailing address:: 325 Corporate Drive  
 City of mailing address:: Mahwah  
 State or Province of mailing address:: NJ  
 Postal or Zip Code of mailing address:: 07430